

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024086

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 63

FILED JUL 2 1963

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette		c. CITY OR TOWN Fayette	
Length of stay in 1b. 5 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Keller Memorial Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. STREET ADDRESS 504 Spring St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last ERMA CLARA GLICK		4. DATE OF DEATH Month Day Year June 23, 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/14/98
9. AGE (last birthday) 64		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical work		10b. KIND OF BUSINESS OR INDUSTRY Bradley's Store	
11. BIRTHPLACE (City and state or country) Bedford, Mo		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Herman Henry Kesler		13b. MOTHER'S MAIDEN NAME Clara Browser	
14. NAME OF HUSBAND OR WIFE Hobart W. Glick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Hobart W. Glick Fayette, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (1) Cerebral Embolus (2) Metastatic Carcinoma of Lung 1 yr. (3) Primary Carcinoma of Breast 18 mo. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) (b) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Indigestion		INTERVAL BETWEEN ONSET AND DEATH 30 min.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY 10:00 a.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1961 to 6-23-63 and last saw her alive on 6-23-63 Death occurred at 1:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Iva Bloom M.D.	
22b. ADDRESS Fayette Mo		22c. DATE SIGNED 6-25-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/26/63	
23c. NAME OF CEMETERY OR CREMATORY Welsh Cemetery		23d. LOCATION (City, town, or county) Dawn, Missouri	
24. FUNERAL DIRECTOR Address Lafayette Carr Fayette, Mo		25. DATE RECD. BY LOCAL REG. 6-25-63	
26. REGISTRAR'S SIGNATURE Katherine Welch			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

order _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William E. Truhse

Licensed Embalmer No. 4870

P. O. Address Pagette Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Print name 6-25-63